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EP 0 279 977 A2 (24) Transdermal administration of progesterone, estradiol esters and mixtures thereof.

(25) A transdermal delivery system for the administering of progesterone and an estradiol ester alone or in combination utilizing a polymer matrix having the drug(s) along with a permeation enhancer dispersed throughout.

TRANSDERMAL ADMINISTRATION OF PROGESTERONE, ESTRADIOL ESTERS, AND MIXTURES THEREOF

FIELD OF THE INVENTION

This invention relates to systems for drug delivery. More particularly, this invention relates to steroid delivery and still more particularly, but without limitation thereto, this invention relates to the transdermal delivery of progesterone and an estradiol ester, alone or in combination, at therapeutically effective rates.

RELATED PATENT APPLICATIONS

This invention is related to the inventions disclosed in the copending, coassigned patent applications of Cheng, et al for Skin Permeation Enhancer Compositions Using Sucrose Esters, U.S. Serial No. 07/019,442, of Cheng, et al for Skin Permeation Enhancer Compositions Using Glycerol Monolaurate, U.S. Serial No. 07/019,470, and of Nedberge, et al for Transdermal Contraceptive Formulations, U.S. Serial No. 07/019,163, all filed February 26, 1987.

BACKGROUND OF THE INVENTION

It is well known that the administration of steroids such as estrogens and progestins hormone replacement therapy, aids in the reduction of cyclic hot flashes and other post-menopausal symptoms.

The transdermal route of parenteral delivery of drugs provides many advantages over other administrative routes and transdermal systems for delivering a wide variety of drugs or other beneficial agents are described in U.S. Patent Numbers 3,598,122; 3,598,123; 4,379,454; 4,286,592; 4,314,557; and 4,588,343, for example, all of which are incorporated herein by reference.

However, despite the development of the art, there has remained a continuing need for improved techniques of providing female users of said medications with basal blood levels of estrogens and progestins.

The present invention delivers therapeutically effective rates of select steroids and offers the advantages of: greatly increased drug bioavailability compared to oral or intramuscularly administered drugs, convenient termination of therapy and improved compliance.

Both estrogen (provided by an estradiol ester) and progesterone are needed to alleviate post-menopausal symptoms: the former to reduce cyclic hot flashes and most other common symptoms and the latter to reduce breakthrough bleeding and minimize endometrial hyperplasia. This invention provides for delivering an estradiol ester and progesterone by means of separate transdermal applications or combined together in a single delivery system.

SUMMARY OF THE INVENTION

An object of the present invention is to provide steroid delivery by means of transdermal systems.

A further object is to deliver progesterone and estradiol esters alone or in combination, at therapeutically effective rates.

A still further object of the present invention is to deliver steroids transdermally using skin permeation enhancers such as fatty acid esters.

An even further object is to provide a method for the transdermal administration of progesterone and an estradiol ester, alone or in combination.

These and other objects have been demonstrated by the present invention wherein a transdermal system is designed using a polymer matrix containing a permeation enhancer and the desired drug(s).

BRIEF DESCRIPTION OF THE DRAWING

The invention will be described in further detail with reference to the accompanying drawings wherein:

FIG. 1 is a cross-sectional view of one embodiment of the transdermal drug delivery system according to this invention.

FIG. 2 is a cross-sectional view of another embodiment of the transdermal drug delivery system of this invention.

FIG. 3 is a cross-sectional view of still another embodiment of the transdermal drug delivery system according to this invention.

DESCRIPTION OF THE PREFERRED EMBODIMENT

This invention utilizes principles of transdermal drug delivery to provide a novel system for effectively administering steroids. Of particular significance is the use of a co-delivered permeation enhancer such as sucrose monooleate or glycerol monooleate, to aid in steroid delivery across the skin.

This invention is directed towards administration of progesterone, an estradiol ester, and combinations thereof. This invention finds particular application in delivering progesterone in combination with an estradiol ester selected from the group consisting of: estradiol-17-acetate, estradiol-3,17-diacetate, estradiol-17-valerate, estradiol-17-heptanoate and estradiol-17-cypionate.

One embodiment of the invention is best understood with reference to FIG. 1, which illustrates a transdermal drug delivery system 10. Fabrication of the system 10 begins first with mixing the polymer, permeation enhancer and drugs together to obtain a uniform blend which forms the drug reservoir 12.

This blend is then extruded onto an occlusive backing 14, and calendered to yield a drug reservoir 12 thickness of about 4-15 mils. The backing 14 is made from a material or combination of materials that are substantially impermeable to the components of the reservoir 12.

Means 18 for maintaining the system on the skin may either be fabricated together with or provided separately from the remaining elements of the system which means in the embodiment of FIG. 1 takes the form of an adhesive overlay. The reservoir 12 may also have a small amount of tackifier present to aid means 18 in adhesion of the system 10.

The impermeable backing 14 is preferably sized slightly larger than the reservoir 12 to provide a peripheral area around reservoir 12 which is free of any permeation enhancer. Permeation enhancers suitable for use with steroids, often adversely affect the adhesive properties of pharmaceutically acceptable contact adhesives. The embodiment of FIG. 1 seeks to alleviate this incompatibility by providing an oversized backing 14 to preclude any direct permeation enhancer-adhesive contact.

The drug reservoir 12 is then laminated to a strippable release liner 18 which is at least as large as the largest of the elements of system 10. In the embodiment of FIG. 1, the liner 18 must be as large as the means 18. The liner 18, adapted to be removed prior to application, would normally be included in the packaged product.

Various materials suited for the fabrication of the various layers are disclosed in the aforementioned patents.

The polymer matrix is preferably anhydrous and suitable materials include, without limitation, natural and synthetic rubbers or other polymeric material, thickened mineral oil, or petroleum jelly. The preferred embodiment according to this invention is fabricated from an ethylene/vinylacetate (EVA) copolymer of the type described in U.S. Patent Number 4,144,317, preferably those having a vinylacetate (VA) content in the range of about 28 to 60 weight percent (w% VA). Particularly good results have been obtained using an EVA copolymer of 40 w% vinylacetate content.

The permeation enhancer can be one of a variety of surfactants or fatty acid esters, including but not limited to the following: sucrose monolaurate (SML), glycerol monooleate (GMO), glycerol monolaurate (GML), polyethylene glycol monolaurate (PEGML), propylene glycol laurate, propylene glycol dipalmitate and neopentyl glycol dicaprate.

The drug is preferably dispersed through the matrix at a concentration in excess of saturation to maintain unit activity. The amount of excess is determined by the intended useful life of the system. The permeation enhancer is initially dispersed through the reservoir at a predetermined activity (fraction of solubility). The optimal permeation enhancer activity must be determined for each individual enhancer. This activity may be anywhere within the range of 0.1 unit activity. The limits are set by the irritation level and the effects of the enhancer on the polymer matrix or adhesive, as well as its effectiveness as a permeation enhancer.

A second embodiment of the invention is shown in FIG. 2. The transdermal drug delivery system 20 comprises a drug reservoir 22 and an occlusive backing 24. In addition, a strippable release liner (not shown) would preferably be provided on the system prior to use as described with respect to FIG. 1 and removed prior to application to the skin 26.

5 In this embodiment of the invention, the steroid delivery system is manufactured by combining an adhesive mixture with a skin permeation enhancer and the desired drug or drug combination. This, in essence, creates an adhesive matrix having the drug and permeation enhancer dispersed throughout.

The drug reservoir 22 is made up of a permeation enhancer, the drug(s) and an adhesive mixture. The adhesive, which forms the polymer matrix can be an elastomer/tackifier mix or alternately, a combination of
10 a high and low molecular weight polymer along with an oil. Additionally, the matrix could be self adhering without requiring any tackifier, as is generally the case with acrylate polymers.

The preferred system uses EVA as the elastomer. Typical suitable tackifiers are fully hydrogenated aromatic hydrocarbon resins. Successful results have been achieved with use of the Hercules, Inc. (Wilmington, Delaware) product line sold under the trade name Staybelite Ester™. Specifically, Staybelite
15 Ester #5 has been used.

For the embodiment illustrated in FIG. 2 a suitable composition by weight is: 80-94.5 w% elastomer and tackifier combined (polymer matrix), 5-30 w% permeation enhancer and 0.5-10 w% drug. Though by no means limiting these ranges have proven to be successful as is shown by the following example.

20 EXAMPLE I

A transdermal therapeutic system as described with respect to FIG. 2 for administration of progesterone was formulated from 10 w% progesterone, 25 w% sucrose monolaurate, 27 w% Staybelite Ester #5
25 (Hercules, Inc.) tackifier and 38 w% EVA 40 (40 w% VA content). The system was applied to excised human epidermis for 4 days and the progesterone flux measured using a drug flux cell apparatus equilibrated to 37°C. The flux through two epidermis samples averaged 2.0 µg/cm²-hr and 3.8 µg/cm²-hr, respectively, over a four day period.

The same formulation was tested on a human subject by application of an 80 cm² patch. Measurement
30 of the progesterone blood level after an 8 hour period indicated an increase in progesterone of 40 ng/dl over baseline.

FIG. 3 is an alternate embodiment of the invention, depicting a self-adhering transdermal drug delivery system 28, that is designed to be placed on unbroken skin 30. Similar to FIG. 1, the drug reservoir 32 is
35 comprised of a polymer matrix with the drug(s) and permeation enhancer dispersed throughout. The presence of an in-line contact adhesive layer 34 precludes the need for a tackifier in the reservoir.

The adhesive also has an amount of permeation enhancer present. In this manner, the layer 28 also acts as an in-line release rate-controlling contact adhesive. Specifically, it is the permeation enhancer release rate which is being controlled. Alternately, the adhesive may act to control the drug release rate, or
40 it may have no drug release rate control function at all.

The drug reservoir 32 is extruded onto an occlusive backing 36 and subsequently laminated to the adhesive 34. In addition, a strippable release liner (not shown) would preferably be provided on the system
45 prior to use as described with respect to FIG. 1 and removed prior to application to the skin 30. The system 28 is calendered to a 4-15 mil drug reservoir 32 thickness, followed by lamination to the release liner.

The fabrication process is done on a large scale, with systems for individual usage being die-cut from the laminated web for commercial packaging.

The combination of materials and drugs used in this invention provide for a system ranging in size from 5-80 cm² and containing sufficient permeation enhancer and drug(s) to maintain steady state blood levels for time periods up to seven days. In vivo delivery rates achievable with this invention are up to 24 mg/day of progesterone and about 25-250 µg/day of estradiol ester, preferably 50-150 µg/day.

50 The embodiments and applications of this invention are best understood in light of the following.

EXAMPLE II

55 A transdermal therapeutic system as described with respect to FIG. 2, for administration of estradiol valerate was formulated from: 5.0 w% estradiol valerate, 20.0 w% sucrose monolaurate, 34.5 w% Staybelite Ester #5 and 40.5 w% EVA 46 (46 w% VA content). Measurement of the plasma estradiol level after a 24 hour application period on a human volunteer, indicated an increase of 80 pg/ml over baseline.

The following table provides data on the maximum increase in estradiol levels following application (24 hours) of prototype transdermal systems according to this invention, on male subjects. The systems are comprised of 40% or 46% vinylacetate content EVA (EVA 40 or EVA 46); a permeation enhancer selected from the group consisting of GML, SML, PEGML and GML; Staybelite Ester #5 (tackifier); and ethinyl estradiol (drug).

TABLE I

Polymer	FORMULATION (weight percent)		Drug	ESTRADIOL CONCENTRATION (pg/ml)
	Enhancer	Tackifier		
40.5% EVA 46	20% GML	34.5%	5%	42
40.5% EVA 46	20% SML	34.5%	5%	46
40.6% EVA 40	25% PEGML	28.4%	6%	16
35.1% EVA 40	25% GML	28.9%	10%	96

EXAMPLE III

A monolithic transdermal system can be prepared by melt blending 33 parts EVA (40 w%) with 25 parts GML, 32 parts Staybelite Ester No. 5, 5 parts estradiol valerate and 5 parts progesterone. This mixture would be extruded and calendered to a thickness of 12 mils between an occlusive backing film and a strippable liner film. Individual systems can be rotary die cut with an area of 50 cm². When applied to the skin of human patients, therapeutic blood levels of both medicinal agents will be achieved after a period of about 6 hours.

There are numerous embodiments which provide for the ultimate use of this invention. The systems of this invention can be designed in a variety of ways so as to have an effective life of up to 7 days and to deliver progesterone, an estradiol ester, or mixtures of the two. Preferably a 7 day system would be used. In this manner, four of these 7 day systems packaged together, would provide treatment of post-menopausal symptoms for a one month (28 day) time period.

Estrogen is useful in treating post-menopausal symptoms, while progesterone is useful in countering the side effects associated with estrogen treatment. Therefore, since they serve different purposes, progesterone and an estradiol ester may be delivered together or separately, with the delivery mode varying from system to system.

In one example, an estradiol ester can be delivered alone for the first 14 days and an estradiol ester/progesterone mixture can be delivered for the second 14 days.

In another example, an estradiol ester can be delivered alone for the first 14 days and progesterone can be delivered alone the second 14 days.

In still another example, an estradiol ester is delivered for 7 days, followed by delivery of an estradiol ester/progesterone mixture for 14 days, followed lastly by delivery of progesterone for 7 days.

An even further example is where an estradiol ester/progesterone mixture is delivered for the entire 28 days but the delivery ratio of the two drugs varies within the time period. These examples are illustrative and are not intended to be limiting as there are a variety of regimens contemplated by this invention.

This invention has been described in detail with particular reference to certain preferred embodiments thereof, but it will be understood that variations and modifications can be effected within the spirit and scope of the invention.

Claims

1. In a medical device for the transdermal delivery of at least one drug for a predetermined time period comprising a drug containing reservoir, the improvement whereby said drug and a permeation enhancer are co-delivered at therapeutically effective rates, which improvement comprises:

- reservoir means containing a drug selected from the group consisting of progesterone, an estradiol ester and mixtures thereof, and a permeation enhancer;
- means for maintaining said reservoir means in drug and permeation enhancer transmitting relationship to the skin at therapeutically effective rates;
- said drug being present in said reservoir means in amounts sufficient to deliver said drug at said therapeutically effective rates for said predetermined time period; and

- d) said permeation enhancer being present in said reservoir means in amounts sufficient to deliver said permeation enhancer at said therapeutically effective rates for said predetermined time period.
2. The medical device of Claim 1 wherein said permeation enhancer is selected from the group consisting of sucrose monolaurate, glycerol monooleate, glycerol monolaurate, polyethylene glycol monolaurate, propylene glycol laurate, propylene glycol dipelarginate and neopentyl glycol dicaprate.
3. The medical device of Claim 2 wherein said permeation enhancer is present at a predetermined concentration.
4. The medical device of Claim 1 wherein said drug is progesterone.
5. The medical device of Claim 1 wherein said drug is an estradiol ester.
- 10 6. The medical device of Claim 1 wherein said drug is a combination of progesterone and an estradiol ester.
7. The medical device of Claim 1 wherein said means for maintaining said reservoir in drug and permeation enhancer transmitting relationship to the skin is an adhesive overlay.
8. The medical device of Claim 1 wherein said means for maintaining said reservoir in drug and permeation enhancer transmitting relationship to the skin is an in-line contact adhesive.
- 15 9. The medical device of Claim 8 wherein said adhesive is further comprised of a permeation enhancer.
10. The medical device of Claim 8 wherein said adhesive is release rate-controlling.
11. The medical device of Claim 10 wherein said adhesive is drug release rate-controlling.
12. The medical device of Claim 10 wherein said adhesive is permeation enhancer release rate-controlling.
- 20 13. The medical device of Claim 1 wherein said means for maintaining said reservoir in drug and permeation enhancer transmitting relationship to the skin is an adhesive mixture forming said matrix, selected from the group consisting of an elastomer and tackifier mix, and a high molecular weight polymer, low molecular weight polymer and oil mix.
14. The medical device of Claim 4 wherein said reservoir contains progesterone in an amount sufficient to provide delivery of progesterone through the skin at a rate of about 24 mg/day for a period of at least 24 hours.
- 25 15. The medical device of Claim 5 wherein said reservoir contains an estradiol ester in an amount sufficient to provide delivery of said estradiol ester through the skin at a rate of about 25 - 250 µg/day for a period of at least 24 hours.
16. The medical device of Claim 6 wherein said reservoir contains progesterone and an estradiol ester in amounts sufficient to provide delivery of progesterone and said estradiol ester through the skin for a period of at least 24 hours, at rates of about 24 mg/day and about 25 - 250 µg/day, respectively.
17. The medical device of Claim 1 wherein said predetermined time period is about 7 days.

FIG.1

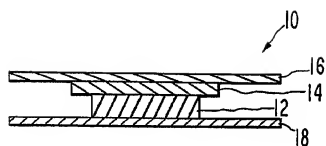


FIG.2

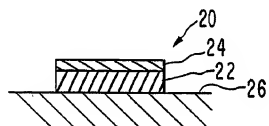


FIG.3

